

DIRECTIVE

WORKFORCE INVESTMENT ACT

Number: WIAD04-13

Date: February 9, 2005
69:63:pc:8899

TO: WORKFORCE DEVELOPMENT COMMUNITY

SUBJECT: REVISED RAPID RESPONSE ON-SITE VISIT FORM (WIA 121)

EXECUTIVE SUMMARY:

Purpose:

This directive issues a revised Workforce Investment Act (WIA) Rapid Response (RR) On-Site Visit Form (WIA 121). The purpose of the revision is to track Local Workforce Investment Areas' (LWIA) required RR activities for determining RR funding. To relieve the LWIA's burden of faxing the 121s, the form is now in Excel format and must be transmitted via e-mail. In the near future, this form will be converted to the Job Training Automation (JTA) System. In addition, fields have been added to assist LWIAs in accounting for RR orientation preparation time.

Scope:

This directive applies to all LWIAs.

Effective Date:

This directive is effective immediately.

REFERENCES:

- WIA Sections 101(38) and 134(a)(2)(A)
- Title 20, Code of Federal Regulations, Section 639
- California Labor Code, Section 1400-1408
- WIA Directive WIAD04-9, Dislocated Worker 25 Percent Funding Policy (October 14, 2004)

STATE-IMPOSED REQUIREMENTS:

This directive contains only State-imposed requirements.

FILING INSTRUCTIONS:

This directive supersedes WIA Draft Directive WIADD-59, issued for comment on July 17, 2003, and finalizes WIA Draft Directive WIADD-87, issued for comment on January 13, 2005. Retain this directive until further notice.

BACKGROUND:

Beginning in 2003, the California Workforce Investment Board convened a workgroup to consider the process for allocating RR funds to the LWIAs. The workgroup determined that the level of recorded employer site visits, for required RR, should be a factor in determining a LWIA's base RR allocation. In response, the Workforce

Investment Division (WID) is revising the form used to collect information on these site visits (WIA 121) and clarifying the associated guidance for submission of information on required RR activities. Also, the new WIA 121 includes some data fields that should assist the LWIA in complying with other State-imposed RR reporting requirements. The goal of these changes is to provide more comprehensive and accurate information concerning the scope and volume of California RR activities and to establish a reliable mechanism for calculating RR funding allocations to LWIAs.

The WID is working with the Employment Development Department's Information Technology Branch to incorporate the WIA 121 into JTA. This will enable LWIAs to input the data directly into JTA and for the WID to compile the information without redundant data entry.

POLICY AND PROCEDURES:

A WIA 121 form must be filed with the WID for any employer site visit to assist dislocated workers in obtaining reemployment because of a permanent closure or layoff of employees at a plant, business facility, or enterprise. Reportable on-site visits include Worker Adjustment and Retraining Notification (WARN) and non-WARN events. If multiple sessions are conducted on the same day, at a single location, and for a single employer, complete the WIA 121 with consolidated information for that specific date, location, and employer. Complete separate WIA 121s for each on-site visit occurring on different days, at different locations, or at different employers. Job fairs should not be recorded under these requirements, unless they are conducted as part of the on-site response to a significant dislocation. See WIA Directive [WIAD04-9](#) for more information on required RR activities.

The WIA 121 and line-by-line instructions are attached. All on-site visits must be reported and submitted electronically on the WIA 121. No adapting of the form for local purposes and subsequent submission to the WID is permitted. All WIA 121s should be sent to WID on a flow basis as soon after the RR visit as is practical, but no later than one month following the on-site visit. Until the JTA data entry screens are available, completed WIA 121s should be e-mailed to the WID WARN Act Coordinator at warn2@edd.ca.gov.

ACTION:

Bring this directive to the attention of affected staff.

INQUIRIES:

If you have any questions, please contact your [Regional Advisor](#) at 916-653-6347.

/S/ BOB HERMSMEIER
Chief
Workforce Investment Division

Attachment

RAPID RESPONSE ON-SITE VISIT FORM (WIA 121)
LINE ITEM INSTRUCTIONS

In addition to the instructions below, be sure to follow the instructions provided at the top of the form.

Complete this form by tabbing from one yellow-highlighted field to the next. The form is designed to collect data by a combination of narrative explanation, selection of specific items from pull-down menus, and by checking information boxes.

GENERAL INFORMATION	
<i>Date of Visit</i>	Date on which the LWIA staff provided Rapid Response on-site services to a business or commercial establishment where workers are being laid off. If the on-site services span more than one day or extend to more than one site, fill out a separate form for each day and/or site that Rapid Response on-site services are provided at the business or commercial establishment.
<i>Name of Reporting LWIA</i>	From the list of LWIAs contained in the pull-down menu, select the name of the LWIA providing the Rapid Response on-site visit.
<i>LWIA Contact Person</i>	Name of LWIA employee WID can contact for Rapid Response and WARN notices. This contact person should have knowledge regarding this on-site report.
<i>Telephone Number</i>	Telephone number of LWIA employee identified above.
<i>E-mail Address</i>	E-mail address of LWIA employee identified above.
<i>Cell Phone</i>	Cell phone number of LWIA employee identified above. (Optional)
<i>Fax</i>	Fax number of LWIA employee identified above.

<i>Primary Reason for On-Site Visit</i>	Select from the six items listed in the pull-down menu. (See WIA Directive WIAD04-9 with its attachments for a definition of required workshops.)
<i>Explanation of Other Reasons</i>	If the LWIA had other reasons for providing a Rapid Response on-site visit, enter the reason and an explanation.
EMPLOYER INFORMATION	
<i>Name of Company</i>	Name of the company receiving on-site Rapid Response services.
<i>EAN</i>	Eight-digit California Employer Account Number (EAN) without any dashes or spaces. This is not the employer's Federal Tax ID number; it is the employer account number used on their Quarterly Report for Unemployment Insurance, sometimes referred to as an EDD number. (Optional)
<i>Street Address</i>	Street address of company. Address should be location of on-site visit.
<i>City</i>	City where company is located. City should be location of on-site visit.
<i>Zip Code</i>	Zip code for location of on-site visit.
<i>Company Contact Person</i>	Name of company contact person for Rapid Response relative to the location entered above.
<i>Title</i>	Title of on-site company contact person for Rapid Response.
<i>Telephone Number</i>	Telephone number of on-site company contact person for Rapid Response.
<i>Fax Number</i>	Fax number of on-site company contact person for Rapid Response.
<i>Date of Layoff that Caused Visit</i>	Date of first layoff.
<i>Number of Affected Local Employees</i>	Number of employees within the LWIA service area affected by the layoff/closure.
<i>Was a WARN notice filed?</i>	Select, "Yes", "No", or "don't know" from the pull-down menu.

<i>Was a Trade Act petition filed?</i>	Select, “Yes”, “No”, or “don’t know” from the pull-down menu.
<i>Industry Type</i>	Select the employer’s NAICS industry description from the pull-down menu.
<i>What job classifications are being affected? Briefly describe</i>	Complete this section with a brief description of the job classifications of affected workers along with the number of affected workers [e.g., truck drivers (25), electronic assemblers (55), machinists (20), other (5)].
<i>Are the layoffs caused because the employer is relocating jobs?</i>	Select “Yes” or “No” from the pull-down menu.
LAYOFFS SCHEDULED OVER THE NEXT SIX MONTHS	
<i>Month</i>	These fields are self populated based on the date of visit. No entry is required.
<i>Number of Layoffs Expected</i>	Under each month, enter the number of workers the employer expects will be laid off during that month. If any portion of the workers will be laid off at a point in time beyond six months, enter a notation in the comments section at the bottom of the form.
MEETING ATTENDEES	
<i>Employer Representatives</i>	If the employer had representatives (other than affected workers) at the on-site, enter a check mark. Point the cursor at the box and click the mouse to enter a check mark.
<i>Union Representatives – Union Name(s) and Local Number(s)</i>	Enter a check mark if a union representative was present at the on-site. Enter the union name(s) and local number(s) in the space after the check box (e.g., SEIU 250).
<i>Affected Employees – How many?</i>	Enter a check mark if affected employees were present at the on-site, and enter the total number of affected workers that attended on-site orientations or meetings on date for which this 121 report is being completed.

<i>Employment Development Department</i>	Enter a check mark if EDD had a representative present at the on-site.
<i>If EDD did not attend, person and date contacted.</i>	Provide the name of the EDD representative contacted and date contacted.
<i>News Media? Specify if known</i>	Enter a check mark if any media representatives were in attendance, and provide a brief description of these media persons or groups if known.
<i>Others</i>	Enter a check mark if any others attended, and provide the names and organizations of others attending (e.g., ERISA, Consumer Credit Counseling, other LWIAs, etc.).
MEETING LOGISTICS	
<i>LWIA Staff Hours to Prepare for Visit</i>	Cumulative time spent by all LWIA staff in preparation for this on-site meeting (e.g., assembling materials, planning, etc.).
<i>Length of Meeting (in hours)</i>	Cumulative hours of all meetings and orientations conducted during this on-site, including time for travel.
<i>Number of LWIA Staff at Meeting</i>	Number of LWIA staff attending the meetings/orientations on this date. The product of time and staff represents the on-site hours dedicated to this on-site event.
<i>How many affected (laid-off) workers completed a Rapid Response survey during this on-site?</i>	Number of affected workers that completed a needs survey during this on-site.
COMMENTS/EXPLANATORY NOTES	
<i>Any information not collected in this form, but that is useful to LWIA for funding or information purposes.</i>	Additional comments or notes.

RAPID RESPONSE REQUIRED ACTIVITIES ON-SITE VISIT FORM

This form must be completed, and it should only be completed to report on-site visits by LWIA staff to conduct "required" Rapid Response activities. (Please see Directive WIAD04-9 with its attachments for a definition of the distinction between required and allowable activities.) Activities reported on this form are those relating to on-site visits that respond to significant layoffs, as defined by the LWIB for dislocated worker eligibility. Reportable on-site visits include WARN and non-WARN events. If multiple sessions are conducted on the same day, at a single location, and for a single employer, complete this report with consolidated information for that specific date, location, and employer. Complete separate reports for each on-site visit occurring on different days, at different locations, or at different employers.

General Information			
Date of Visit:		Name of Reporting LWIA:	
LWIA Contact Person:		Telephone Number:	
E-mail Address:		Cell Phone:	Fax:
Primary Reason for On-site Visit:			
Explanation of Other Reasons:			

Employer Information			
Name of Company:			EAN:
Street Address:	City:	Zip Code:	
Company Contact Person:	Title:		
Telephone Number:	Fax Number:		
Date of Layoff that Caused Visit:	Number of Affected Local Employees:		
Was a WARN notice filed?	Was a Trade Act petition filed?		
Industry Type:			
What job classifications are being affected? briefly describe			
Are the layoffs caused because the employer is relocating jobs?			

Layoffs Scheduled Over Next Six Months						
Month	Jan 00	Feb 00	Mar 00	Apr 00	May 00	Jun 00
Number of Layoffs Expected						

Meeting Attendees	Meeting Logistics
<input type="checkbox"/> Employer Representatives	LWIA Staff Hours to Prepare for Visit:
<input type="checkbox"/> Union Representatives - Union Name(s) & Local #(s):	Length of Meeting (in hours):
<input type="checkbox"/> Affected Employees -How many?	Number of LWIA Staff at Meeting:
<input type="checkbox"/> Employment Development Department	How many affected workers completed a Rapid Response survey during this on-site?
If EDD did not attend, person and date contacted:	
<input type="checkbox"/> News Media specify if known	
<input type="checkbox"/> Others	

Comments/Explanatory Notes

E-mail to: warn2@edd.ca.gov	State Use Only -- WARN Number:
-------------------------------------------------------------------	--------------------------------